

Verified By _____

Date _____

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FREE JUNIOR HIGH AFTER-SCHOOL SPORTS ACTIVITY REGISTRATION FORM 2007-2008

- 1) **BOTH SIDES** of this form must be completed and signed for **each** participant prior to participating in the activity.
 2) Mail, fax or drop off this form as soon as possible **prior to the start of participation to: Parks and Recreation Department, 620 Laguna Street, Santa Barbara, CA 93101**. We must receive a completed, signed, legible registration form for each athlete to allow participation. **THIS IS A FREE PROGRAM!**

PARTICIPANT'S LAST NAME												FIRST NAME												
Birth Date ____/____/____ Grade Sept/2007 ____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age ____ School _____																								
Custodial Parent or Legal Guardian _____																								
Address _____ City _____ Zip _____																								
Person(s) authorized to pick up the participant _____																								
Participant's Physician _____ Physician's Phone _____																								
<i>List the participant's custodial parent or legal guardian as the first emergency contact (i.e. in the line labeled 1).</i>																								
EMERGENCY CONTACT						Relationship		Home Phone				Work Phone				Cell Phone/Pager								
1.																								
2.																								
3.																								
HEALTH & SPECIAL NEEDS						Yes		No		If yes, explain and list current medications														
ADD, ADHD						<input type="checkbox"/>		<input type="checkbox"/>																
Allergies						<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe														
Asthma						<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe														
Communicable diseases						<input type="checkbox"/>		<input type="checkbox"/>																
Diabetes						<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Independent in self care <input type="checkbox"/> Needs daily assistance														
Diet or activity restrictions						<input type="checkbox"/>		<input type="checkbox"/>																
Medications						<input type="checkbox"/>		<input type="checkbox"/>																
Seizure Disorder						<input type="checkbox"/>		<input type="checkbox"/>		Date of last seizure: ____/____/____ Seizure type: _____														
Disability						<input type="checkbox"/>		<input type="checkbox"/>																
Wheelchair user						<input type="checkbox"/>		<input type="checkbox"/>		Transfers: <input type="checkbox"/> Independently <input type="checkbox"/> Partial Assistance <input type="checkbox"/> Full Assistance														
Requesting assessment for disability (Inclusion) support						<input type="checkbox"/>		<input type="checkbox"/>		Contact 564-5421 for more information on our Inclusion program.														
Other						<input type="checkbox"/>		<input type="checkbox"/>																
<i>It is the responsibility of the parent/guardian to disclose all relevant information regarding the participant's health and special needs. Additional information and/or a physician's clearance may be required for participants with special needs or medical conditions. Information will be kept confidential and used only to determine appropriate care.</i>																								
JUNIOR HIGH SESSION SPORTS, DATES & CODES FOR REGISTRATION INFORMATION																								
Complete this section when registering in-person and by-mail. Check the appropriate box(es) to indicate for which school and sessions the participant will be registered.																								
JUNIOR HIGH SCHOOL		Boys Flag Football 9/4-11/14	Girls Flag Football 9/4-11/14	Girls Volleyball 9/4-11/14	Boys Basketball 12/3-3/13	Girls Basketball 2/3-3/13	Boys Soccer 4/13-5/21	Girls Soccer 4/13-5/21																
Goleta Valley		<input type="checkbox"/> 9960	<input type="checkbox"/> 9962	<input type="checkbox"/> 9963	<input type="checkbox"/> 9966	<input type="checkbox"/> 9967	<input type="checkbox"/> 9968	<input type="checkbox"/> 9969																
La Colina		<input type="checkbox"/> 9970	<input type="checkbox"/> 9971	<input type="checkbox"/> 9972	<input type="checkbox"/> 9973	<input type="checkbox"/> 9974	<input type="checkbox"/> 9975	<input type="checkbox"/> 9976																
La Cumbre		<input type="checkbox"/> 9977	<input type="checkbox"/> 9978	<input type="checkbox"/> 9979	<input type="checkbox"/> 9980	<input type="checkbox"/> 9981	<input type="checkbox"/> 9982	<input type="checkbox"/> 9983																
Santa Barbara		<input type="checkbox"/> 9984	<input type="checkbox"/> 9985	<input type="checkbox"/> 9986	<input type="checkbox"/> 9987	<input type="checkbox"/> 9988	<input type="checkbox"/> 9989	<input type="checkbox"/> 9990																

Print Participant's Full Name in each section below to which you agree to the terms of the section.

PERMISSION TO AUTHORIZE TREATMENT: In the event of emergency injury or illness while the participant is attending the recreation activity, I hereby authorize the Parks and Recreation Department to consent to medical treatment on behalf of my child _____ (**PRINT PARTICIPANT'S FULL NAME**). The undersigned, as parent or legal guardian of the child identified on this form, hereby authorizes the Parks and Recreation Department and its adult officers, employees and agents into whose care the registered child has been entrusted, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a licensed physician or surgeon. This authorization is given pursuant to the provisions of section 6910 of the Family Code of California. It is understood that if time and circumstances reasonably permit, the Parks and Recreation Department will endeavor, but is not required, to communicate with the parent or guardian prior to consenting to such treatment. The undersigned further agrees to RELEASE, WAIVE, DISCHARGE AND COVENANTS NOT TO SUE the City of Santa Barbara, its employees, officers and agents on behalf of the undersigned, the registered minor and their personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of any injury to the minor associated with any medical care performed or provided with consent given pursuant to this authorization. This authorization to consent to treatment of the minor identified above is given to the Parks and Recreation Department in conjunction with any activity or event in which the minor's care is entrusted to the Parks and Recreation Department.

PERMISSION FOR FIELD TRIPS: Some recreation activities include field trips to parks or public sites. Staff and participants will arrive at their destination by either walking or riding on public buses, trolleys or other City-approved vehicles. I hereby consent to the staff of the Parks and Recreation Department taking _____ (**PRINT PARTICIPANT'S FULL NAME**) on field trips during the recreation activity.

PHOTOGRAPH RELEASE: The Parks and Recreation Department reserves the right to take and use photos of participants for publicity purposes free of charge. Photos of participants are used in the City's activity guide and other media publications. I hereby grant the City of Santa Barbara permission for the free use of _____ (**PRINT PARTICIPANT'S FULL NAME**) likeness, name, voice and words in any broadcast, telecast or print media account of this event or activity.

PARTICIPANT SWIM ABILITY ASSESSMENT: The Recreation Program may include aquatic activities at a pool, beach or other location with water. Please initial the box below with the description that most closely fits the participant.

<input type="checkbox"/>	Type I	The participant does not know how to swim or is uncomfortable or nervous around water. Participant cannot put their face in the water, hold their breath, right themselves or float
<input type="checkbox"/>	Type II	The participant can hold their breath, fully submerge their head under water, right themselves, float unsupported for five (5) seconds, flutter kick and to turn over from front and back. Participant is uncomfortable in water over their head and is unable to propel themselves beyond ten (10) yards.
<input type="checkbox"/>	Type III	The participant is comfortable in deep water, can demonstrate basic swimming stroke techniques with controlled breathing, can propel themselves twenty five (25) meters and tread water for two minutes.
<input type="checkbox"/>	Type IV	The participant is comfortable in deep water, can demonstrate advanced swimming stroke techniques with controlled breathing, can continuously propel themselves for a minimum of 100 meters, tread water for four (4) minutes and swim fifteen (15) meters under water

CODE OF CONDUCT AND RELEASE AGREEMENT: To validate registration, this must be signed below by the custodial parent or legal guardian listed on the reverse side of this form.

CODE OF CONDUCT: By signing the release agreement below, you acknowledge that you have read and fully understand the City of Santa Barbara Parks and Recreation Department "Code of Conduct" and do thereby for yourself, on behalf of your child, agree to abide by its policies and conditions exactly as written. See the *Parent Handbook* and on our website www.sbparksandrecreation.com on the "About Parks & Recreation" page for the complete Code of Conduct policy.

CITY OF SANTA BARBARA RELEASE AGREEMENT IN CONSIDERATION OF BEING PERMITTED TO PARTICIPATE OR USE OF ANY CITY FACILITIES IN CONNECTION WITH THIS ACTIVITY, THE UNDERSIGNED AGREES TO THE FOLLOWING:

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE THE CITY OF SANTA BARBARA, ITS EMPLOYEES, OFFICERS AND AGENTS** (hereinafter referred to as "releases") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in a City activity or using any City facilities in connection with the activity.

2. **THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS** releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees (including attorney fees to establish the releasees right to indemnity or incurred on appeal) resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise.

3. **THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE** while upon City property or participating in the activity or using any City facilities and equipment whether caused by any negligent act or omission of releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law and that if any portion thereof be held invalid, notwithstanding, the balance shall continue in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE READ THE FOREGOING and that I am aware of the legal consequences of this agreement, including that it prevents me from suing the City or its employees, agents, or officers if I am injured or damaged for any reason as a result of participation in this activity. I further acknowledge that no oral representations, statements or inducements have been made.

IF THE PARTICIPANT IS A MINOR, his or her custodial parent or legal guardian must read and execute this agreement. I hereby warrant that I am the custodial parent or legal guardian of _____ (PRINT PARTICIPANT'S FULL NAME**) who is a minor, on my own and said minor's behalf to the terms and conditions of the foregoing agreement.**

✓ Custodial Parent or Legal Guardian (Print) _____ Signature _____ Date _____